

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026604

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1816

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Normandy

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Charles

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Normandy Osteopathic Hos.

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

821 Boonslick Rd.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Baby

Middle

Girl

Last

Czeschin

4. DATE
OF
DEATH

Month

Day

Year

June 5, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-4-63

9. AGE (last birthday)

newborn

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

11 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

newborn

10b. KIND OF BUSINESS OR INDUSTRY

Newborn

11. BIRTHPLACE (City and state or country)

Normandy, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Czeschin, Clarence

13b. MOTHER'S MAIDEN NAME

Creacy, Doris

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ray Czeschin - St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SEPTAL DEFECT - OVERRIDING AORTA CONGENITAL

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-4-63 to 6-5-63 and last saw her/him alive on 6-5-63
Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

7520 NATURAL BRIDGE

22c. DATE SIGNED

6/6/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-7-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

St. Charles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue

620 Jefferson St.

St. Charles, Mo.

Funeral Home

25. DATE RECD. BY LOCAL REG.

6-7-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

317

VS 300
Rev. 4/59

1 4031

2 0928

3

4 1

5 0

6

7 0

8 1

9 754.2

10

11

12 43-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bennie R. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.